and raised the specific gravity from 1005 to 1011 in six days. On the omission of the remedy the symptoms returned.—*Therapeutische Monatshefte*, 1896, Heft xii. S. 641.

Treatment of Infectious Pneumonia by Cold Compresses.—DR. KLEIN describes the method as follows: A napkin large enough to reach from the top of the sternum to the stomach and cover the anterior and both lateral surfaces of the chest is dipped in cold water at a temperature of 46° to 50° F. and applied to the chest. At the end of five minutes it is replaced by a cold one, and this treatment is continued for an hour. After a half-hour's rest three similar series are carried out. Two instances of their use are reported. He explains his results by the stimulation of the nervous and muscular systems. The dyspnœa is relieved because, with the deeper respiration, it becomes slower. Inasmuch as the treatment seems to be free from danger and is acceptable to the patients, it should be made use of.—*Bulletin Général de Thérapeutique*, 1897, 6e liv. p. 270.

Ten Years' Experience with the Cold-bath Treatment of Typhoid Fever.—DR. F. E. HARE reports that the mortality in 1828 cases treated during the expectant period of five years was 14.8 per cent. Following this came the period of cold bathing, 1902 cases, with a mortality of 7.5 per cent. Of the 143 fatal cases in the last series, 56 died from perforation, 23 from hemorrhage, and 64 from other causes. In comparison with the expectant treatment we may say that perforation and hemorrhage, which together used to cause only about one-fourth of the total deaths, now under the bath-treatment cause more than half. This series of cases under consideration includes all which could fairly be called typhoid, save 23 under treatment. It includes, therefore, many that were not bathed at all, because such treatment was contraindicated; many more were not bathed because the pyrexia was insufficiently high to require it; many that were hopeless on admission; some that died from old-standing or intercurrent disease during the course of an attack of typhoid, and some that were only determined to be typhoid by the necropsy.—*The Australasian Medical Gazette*, 1897, No. 186, p. 111.

[So far as this report shows anything, it indicates that cold-bathing has not reduced, to say the least, the mortality from the two great dangers of typhoid fever—perforation and hemorrhage.—R. W. W.]

Puerperal Septicæmia Treated with Nuclein.—DR. HENRY M. JOY considers that the surgical treatment should remove or limit, so far as is possible, the source from which the toxic elements are supplied to the blood, and the medical should aid nature in her efforts to overcome the poisons already in the system; that is to say, to increase the antitoxic constituents of the blood or to strengthen those constituents which are already present. One instance of the use of a 5 per cent. solution of nuclein, given in drachm doses every three hours, is reported. Douches were also given daily by the nurse. There was no recurrence of the chills after the second day, although the temperature remained approximately the same for six days, when the crisis occurred. Although during this time there was little variation in the height of the temperature, the daily remissions were marked and the pulse continued to fall steadily and to improve in quality, the general condition being one of progression. The patient's mental condition changed rapidly for the better, the appetite returned, and the skin resumed its normal color. Nuclein evidently strengthens nature's antitoxic elements in acting promptly and favorably upon leucocytosis, causing no unpleasant complication or effects, and rapidly diminishes fœtid discharges.—*Therapeutic Gazette*, 1897, No. 5, p. 296.

Chelidonium Majus in the Treatment of Cancer.—DR. C. D. SPIVAK has collected the reported cases of fourteen observers, and finds that of 61 treated, 33 improved under this treatment. The general sentiment, based upon the favorable cases reported by reputable physicians and the microscopical examinations of cancerous tissue made after the injections, is that (1) the drug undoubtedly has some influence upon cancerous tissue which requires further investigation; (2) the experiments are not numerous enough to warrant definite conclusions; (3) the drug being very unstable, many of the unfavorable cases may be attributed to the inefficiency of the preparation; and (4) probably the technique of the administration is not yet perfected.—*Therapeutic Gazette*, 1897, No. 4, p. 229.

The Causation of Chloroform Syncope.—MR. LEONARD HILL concludes that: (1) Chloroform produces a primary failure of the circulating mechanism and a secondary failure of the respiratory centre. The respiratory centre fails to act not only because it is damaged by the drug, but because of the anæmia of the spinal bulb produced by the fall of arterial tension. This is proved by the fact that the action of the respiratory centre can be renewed by raising the arterial tension. The depth of anæsthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension. (2) It, more than any other known agent, rapidly abolishes the vascular mechanisms which compensate for the hydrostatic effect of gravity. (3) It abolishes these mechanisms by paralyzing the splanchnic vasomotor tone and by weakening the action of the respiratory pump. When these mechanisms are totally abolished the circulation is impossible if the subject be in the feet-down position. (4) It also produces paralytic dilatation of the heart. It acts directly like amyl nitrite on the musculature of the whole vascular system. (5) There are two forms of chloroform syncope: (*a*) During primary anæsthetization. The patient struggles, holds his breath, raises the intrathoracic pressure, congests his venous system, lowers his arterial tension, and finally takes deep inspirations and surcharges his lungs with chloroform. In the first stage the left heart becomes impoverished; in the second stage it is suddenly filled with blood. This is drawn from the lungs, and is full of chloroform. The chloroform passes into the coronary arteries, and the heart is thrown into paralytic dilatation. Respiration and the pulse either cease simultaneously, or the pulse before respiration. (*b*) During prolonged anæsthesia this arises from gradually giving chloroform to too great an extent. The arterial pressure falls lower and lower, and, secondarily, the respiration ceases because of the anæmia of the spinal bulb. The heart is not in this case paralyzed by chloroform, because the drug is taken in gradually by the shallow respirations and distributed slowly by the